

**Michigan Department of Education
Department of Information Technology Services**

MEIS System Security Access for Online Electronic Recommendations Application
(A separate form must be completed for each user in your Institution)

University Code: _____

University Name _____

Step 1. Name of the designated individual who is authorized to use the Online Electronic Recommendations

_____ Name (type or print)	_____ Title
_____ e-mail address	_____ Phone Number

Step 2. Once an MEIS account number is obtained, please enter the following requested information:

Designee's MEIS Account: _____

Step 3. For the designated individual:

I agree to protect my user identification and password from unauthorized use. I understand all access under my user ID is my responsibility.

_____ Signature of Designee	_____ Date
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Step 4: For the Chief Operating Officer:

I attest that the above-named individual is authorized to submit the Online Electronic Recommendations application form to the Michigan Department of Education.

_____ Signature of Chief Operating Officer	_____ Date
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Mail or fax this form to:

**Michael Mekhayel
Michigan Department of Education
Office of Professional Preparation Services: Teacher Certification
P.O. Box 30008
Lansing, Michigan 48909
Fax: (517) 373-0542
E-mail: MekhayelM@mi.gov**